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Notice of Independent Review Decision

DATE OF REVIEW: 03/12/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Cervical epidural steroid injection C4-5 with fluroscopy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial consultation Dr. dated 11/11/09
2. MRI cervical spine dated 11/30/09
3. Orthopedic consult dated 12/10/09
4. Radiographs thoracic, lumbar, and cervical spine dated 12/10/09
5. Electrodiagnostic studies dated 12/18/09
6. IME dated 01/19/10
7. Orthopedic evaluation dated 01/25/10
8. Computerized muscle testing report dated 01/25/10
9. Prior reviews dated 02/02/10 and 02/17/10
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

Consultation by Dr. on 11/11/09 stated the employee was moving materials that suddenly shifted. While attempting to prevent shifting, the employee had a sudden onset of pain and discomfort in the cervical, thoracic, and lumbar spine. The employee had initial radiograph studies and was treated conservatively. The employee was stated to have completed a course of physical therapy and eventually was placed at MMI and assigned a 5% whole person impairment.
The employee continued to have complaints of pain in the cervical, thoracic, and lumbar spine regions. The employee was not working. Physical examination reported mild to moderate tenderness to palpation in the cervical spine with painful range of motion that is slightly decreased in all planes. No focal neurologic deficits are noted in the upper extremities. The employee was recommended to continue with over-the- counter pain medications and was referred for MRI of the cervical spine.

This was performed on 11/30/09 and the report demonstrated disc space narrowing present at C5-6 with a small amount of modic type II changes noted at the bone marrow adjacent to the C5-6 disc space. A mild disc protrusion was noted at C4-5, C5-6, and C6-7 with narrowing in the medial aspect of the neural foramen bilaterally at C5-6. A mild disc protrusion was also noted at C7-T1. No canal stenosis was identified at any level.

The employee had an orthopedic consultation on 12/10/09. The clinical note stated the employee did not complete physical therapy to the cervical spine. The employee had complaints of continuing neck pain in the posterior cervical spine with occasional numbness and tingling in the upper extremities. The physical examination reported positive axial compression test with no focal neurologic deficits noted. The employee was recommended for electrodiagnostic studies. Cervical radiographs performed at this visit were reported as unremarkable.

Electrodiagnostic studies dated 12/18/09 reported evidence of a right C6 and bilateral C8 or T1 radiculopathy.

An Independent Medical Evaluation (IME) performed on 01/19/10 stated the employee had no complaints today and only stated he has intermittent upper back pain that periodically bothers him. The physical examination reported no focal neurologic deficits noted. No tenderness was present in the cervical spine and range of motion in the cervical spine was within normal limits. No further medical treatment was recommended by the IME physician.

Follow up with Dr. on 01/25/10 stated the employee had decreased range of motion in the cervical spine with positive Spurling's test bilaterally. A significantly diminished right biceps reflex was noted. Dr. opined that the employee had a sizable protrusion at C4-5 found on the MRI studies. The employee was recommended for a cervical epidural steroid injection.

The recommended injection was found to not be medically necessary by peer review on 02/02/10. The report stated the employee had not undergone any physical therapy to the cervical spine, and therefore, ***Official Disability Guidelines*** did not support the procedure in this employee's case.

A second peer review denied the requested treatment, as the employee had not completed physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There was insufficient objective clinical evidence submitted for review in the submitted records to support cervical epidural steroid injection C4-5 with fluoroscopy. The MRI study does not demonstrate any clear evidence of neurocompressive lesions at any level in the cervical spine that would be a cause for cervical radiculopathy. Although the employee's electrodiagnostic studies report evidence of a right C6 and bilateral C8 or T1 cervical radiculopathy, there are no consistent findings on the MRI study that correlate with the electrodiagnostic studies. As such, the prior decisions regarding a cervical epidural steroid injection at the C4-5 level are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Neck and Upper Back Chapter

Criteria for the use of Epidural steroid injections, therapeutic:
Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.
(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
(3) Injections should be performed using fluoroscopy (live x-ray) for guidance
(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.
(8) Repeat injections should be based on continued objective documented pain and function response.
(9) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.
Criteria for the use of Epidural steroid injections, diagnostic:

To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;
(3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution) but imaging studies are inconclusive;
(4) To help to identify the origin of pain in patients who have had previous spinal surgery.